an age of govern CADOLDIA	248504
STATE OF SOUTH CAROLINA )	BEFORE THE
(Caption of Case)	PUBLIC SERVICE COMMISSION
Example: Application for a Class C Charter Certificate from	OF SOUTH CAROLINA
John Doe dha Doe's Limo	TRANSPORTATION COVER SHEET
Application for a Class E  Household Goods Application  )	TRANSPORTATION COVER BILLET
Application & Application	DOCKET
Household Geeds Africasion	NUMBER: 2014 - 33 - I
· )	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you
, )	have filed with the Commission before, a Docket Number was assigned and should be untraed above.
(Please type or print) PD Companias The	201 200 1400 2
Submitted by Tex Amendalda Working Solichory	5 Telephone: 184-128 Was
Address: 3201-P Weedpack Pho	Fax: <u>784 973-7405</u>
Cimelatic NC 28206	Other:
	The all a successful days
NOTE: The cover sheet and information contained herein aeither replace	
as required by law. This form is required for use by the Public Service	Commission of South Carolina for the purpose of docketing and must
be filled out completely.	
NATURE OF ACTION	N (Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter
of Public Convenience and Necessity to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other.
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Select Class: (Check one)	Date:	12/3	13	
E (HHG) - Household Goods				-
E (HAZ) - Hazardous Material				
IMPORTANT! If application is to amend scope of a before application will be accepted. If application is for	athority, a current annual a a NEW CERTIFICATE, d	report must lo not submit	be on file with the Commiss t annual report.	sion
Check one:				
New Application				
☐ Amended Scope of Authority				
Current Scope: (list counties)				
Amended Scope: (list counties)				
1. Name under which business is to be conducted (corpo  ED Combariles TAC TRA Affe	ration, partnership, or sole		nip, with or without trade nam	e.)
	<u> </u>	2		
3301-P Woodpook Flyd	Charlette No	<u> </u>	2004	
	12 ross ood til 2 application			
Mailing Address of A	oplicant (if different from s	treet address	3)	
-704-928-W683	704-	973-	7905	
Phone		F	AX	
Zelowat a was	charelotte.cov	N		
	Email Address			

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check	•	
Individual Owner/Sole	• •	having an interest in the business.
	-	<del>-</del>
	nes and addresses of two princ	cipa officas.
E. Lewest Dia	LZ 100%	
	perate service as follows: (Ch	_
O Intrastate Only	O Interstate Only	Both
5. Is applicant certified to p	provide intrastate transportat	tion of household goods in another state: (Check one.)
Yes	O No	,
If yes, attach a letter from regulations of said state		state(s) stating applicant is in compliance with the rules and
	ons pertaining to the intrastate	rastate household goods authority or failure to abide e transportation of household goods in this state or any
O Yes	Ø No	•
If yes, list dates and nati	are of convictions below.	
7. Has applicant ever had a any other state? (Check		ansportation of household goods revoked in this state or
O Yes	Ø No	
If yes, list dates and na	ature of revocations below.	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

#### BALANCE SHEET

Assets:

Balance at Time Application is Filed:

Month Year Year

Assets:	
Cash	\$53619.94
Receivables 30 days	\$103,057.94
Real Estate	nla
Buildings and Equipment (Net)	# 18600
Motor Vehicles (Net)	<sup>3</sup> 205.000
Garage Equipment (Net)	\$5,000
Machinery and Tools (Net)	\$ 5,000
Supplies on Hand	\$19,106·00
Prepaids and Other Assets	<b>3</b> 5000
Total Assets *	# 204 588.95
	·
Liabilities and Equity:	
Accounts Payable	* 1093.16
Notes Payable	*628
Mortgages Payable Rental Propor	14 \$5,280
Equipment Obligations	42,200
Accrued Salaries and Wages	\$10,363.80
Other Accrued Obligations	
Other Liabilities	\$5,000
Total Liabilities	424,564.96
Capital Stock	\$ 1 000
Retained Earnings	3219.000
Total Equity	<b>₹50,000</b>
Total Liabilities and Equity *	374,564.96
	·

<sup>\*</sup> Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and	Charges (List only max	mum charges per mile	or trip, and/or hourly	rate):
Truck fee Trailer fee	# 90	2/mar 3/mar aur 4/mar	n Crew n Crew n Crew	\$ 90 per hour \$110 per hour \$130 per hour \$150 per hour
Commodities to be Thousehold G	DITIES TO BE TR fransported: (Check on cods, as defined in R10 fastes, as defined in R10	3-210(1) 03-210(2)		
You will only be all	Authority: Check all o owed to operate in thou and to operate in all cou	counties checked be	low. You may request	on to operate. "Statewide"
Abbeville	Cherokee	Florence	Lee	Sahida
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Banwell	Darlington	Hony	Mewbarry	☐ York
Beaufort	Dillon	Jasper	Oconec	
Berkeley	Dorchester	Kershaw '	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens 4 of 10	Richland	

## DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
No T	Honnotional 4300		14,000
	Д.ОДО.		
		,	

The following incurance quate is for:	
ZDC amporting Inc. 38	Alfordolde Montag Solichieus
BEGI-P Wantstell T	and Charlette NC 28206
	Address of Applicant
Amount of Premium:	Limits Onoted: (See Bislow)
Limbility Insurance \$ 15,925	Times 1900.
	1/A
Cargo Insurance \$ NA	Pinis - WA
* Attach Certificate of Insurance if ava	
Wilshire Insura	nce Company
	44 こうこうしょう 佐田 こうしょう はんしょう ロー・コート ロー・コート ロー・コート
702 Abodia Pd.	Paleigh NC 27605
102 (700)	Reside Office Address of Company
and the second s	ties and Regulations relating to insurance requirements and the above quote
The state of the s	The state of the s
South Carolina Department of Insuran	to de business in Smith Carolina
1 Latin	
Page	Authorized Insurance Company Representative's Signature
	ness are required to be filed with the Office of Regulatory Souff (ORS). The schedule
* Form R and Potts. H Continues of Inter- minimum limits for Household Goods carri	at light below.
Value hability for whiches he	le a company of the c
Value Lability for vehicles 18	400 Be. or more GVWR 4799,000
Cargo . For loss of or disoage a	property carried on any one motor vehicle \$ 2,500  spain of loses or demagns of or to property operating at \$ 5,000
For loss of ar densings to ar againg the same of the same of plans.	
MODICE:	for liability and property demage, you must comply with S.C. Code Ann. Sections \$5-9-
and 58-23-910. For more information, could	Victio Coher with the Department of Motor Vehicles et (803) 804-8497.

If you wish to apply as a self-insured for moder's compensation coverage in South Carolina you may do so with the South Carolina Window's Compensation Commission (WCC) provided that you will be able to: 1) post a story bond or him-of-arely with the WCC & a minimum of \$500,000, 2) agree to pay a pendy self-insurance titt, and 3) agree to pay in second assertment to the footh Carolin Second Injury Pand. For more information, contact the WCC Self-insurance Division at (1993) 737-5712 or on the web at www.weg.assertment/self-insurance.

6 of 10

6 of 10

CORD

#### CERTIFICATE OF LIABILITY INSURANCE

AFFOR-3

OP ID: GB

ATE	(M	(11)	00	ĮΥ	Y	Y	ľ
		_	-				

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may lequire an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Teresa Barnes PRODUCER Harold W. Wells & Son, Inc. PHONE (AC, No. Ext): 910-251-5445 E-MAR. ADORESS: Insurance@hwwells.com FAX (A/C, Np): 910-254-9404 One North Third Street Wilmington, NC 28401-4528 Harold W. Wells & Son, Inc. NAIC # INSURER(S) AFFORDING COVERAGE INSURER A: Wilshire Insurance Company Affordable Moving Solutions MBURED INSURER # : RDCompanies Inc. DBA INSURER C : 12326 Jimmy Oehler Road Charlotte, NC 28269 INSURER D : INSURER E INSURER F : REVISION NUMBER: CERTIFICATE NUMBER: **COVERAGES** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. MM/DD/YYYY) (MM/DD/YYYY) ACIDL EUBR LIMITS TYPE OF INGURANCE POLICY NUMBER MSR WAD EACH OCCURRENCE GENERAL LIARS ITY DAMAGE TO RENTED PREMISES (E4 gocurrence) COMMERCIAL GENERAL LIABILITY ŝ MED EXP (Any one person) CLAIMB-MADE OCCUR 2 PERSONAL & ADV INJURY 2 GENERAL AGGREGATE PRODUCTS - COMPIOP AGG GEN'L AGGREGATE LIMIT APPLIES PER: PRO POLICY COMBINED SINGLE LIMIT (Es accident) 1.000,000 AUTOMOBILE LIABILITY BODILY INJURY (Par person) 11/22/2013 11/22/2014 \$ JFT07045**2** ANY AUTO X SCHEDULED AUTOS NON-OWNED AUTOS BODILY INJURY (Per accident) \$ ALL OWNED s HIRED AUTOS \$ \$ UMBRELLA LIAB EACH OCCURRENCE OCCUR \$ EXCESS LIAB AGGREGATE CLAIMS-MADE DED RETENTIONS
WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY WC STATU-AND EMPLOYERS LIABLITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT E.L. OISEASE - EA EMPLOYER \$ E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ABACH ACORD 181, Additional Remarks Schedule, if more space is required)
PROOF OF CURRENT INSURANCE; THE COVERAGE EVIDENCED IN THIS CERTIFICATE
APPLIES TO NORTH CAROLINA REGISTERED VEHICLES ONLY. CANCELLATION CERTIFICATE HOLDER SOUTH-1 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **SOUTH CAROLINA PUBLIC** SERVICE COMMISSION AUTHORIZED REPRESENTATIVE

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# Exhibit Fit. Willing, and Able (FWA)

a ab Ti	TEL ACT	Sveibales grivally slotter
ZDC ouparters 7	VC 1911	Name
•		ACCO
5717	اه	3840.H
U.S.D.O	TNo	RC III.
0.3.0.0		
	Chu Dating from	the U.S.D.O.T.?
1. Does Applicant have a S	SICIA KRRITIR TOTAL	Pending (Submit when received.)
Ø Yes	O No	O Pending (Submit when received.)
If Yes, indicate ra	ting below and pu	ovide copy.
	Co	nditional Unsatisfactory
Satisfactory		
2. Have any of Applicant's the past twelve (12) mo	Titte (	es been places "out of service" by Transport Police safety officers in
O Yes	Ø No	
<ol> <li>Are there currently any</li> <li>Yes</li> </ol>	outstanding judg	ment(s) against the Applicant?
	_	,
4. Is Applicant familiar v laws that govern for h in compliance with the		d regulations, including safety regulations and workers' compensation perations in South Carolina, and does Applicant agree to operate gulations?
⊗ Yes	O No	
5. Is Applicant aware of therewith? (The Insur	the Commission rance Quote on Pa	insurance requirements and the insurance premium costs associated se 6 must be completed, listing current insurance premiums.)
Yes	O No	·
-		·

Title of Applicant (e.g. President, Owner, etc.)

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

STATE OF SOUTH CAROLINA	ì
COUNTY OF	}
SWORN TO BEFORE ME This 4 day of October  Notaty Public	. 20/3 Dsr_
Companies Expires /0/5//3	

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.



#### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

- 1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
- 2. Can produce a copy of the FMCSR and the HM regulations;
- 3. Has in place a driver safety/orientation program;
- 4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
- 5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392,395 and 396);
- 6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

Yes O Not Applicable

Exempt Applicants – If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

Yes

Not Applicable

, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

, SWORN TO BEFORE ME

\_\_ day of \_Octo by

lotary Public

Commission Expires

Applicant's Signature

10 of 10

# STATE OF SOUTH CAROLINA SECRETARY OF STATE

#### APPLICATION BY A FOREIGN CORPORATION FOR A CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN THE STATE OF SOUTH CAROLINA

#### TYPE OR PRINT CLEARLY WITH BLACK INK

Pursuant to Section 33-15-103 of the 1976 South Carolina Code of Laws, as amended, the undersigned corporation hereby applies for authority to transact business in the State of South Carolina, and for that purpose, hereby submits the following statement:

1.	The name of the corporation is (see Sections 33-4-101 and 33-15-106 and Section 33-19-500(b)(1) if the
	corporation is a professional corporation) ZD Communic Tro-
	(Must match corporation name on certificate of existence from domestic state)
2.	It is incorporated as (check applicable item) (a general business corporation, which professional corporation, under the laws of the state of Coveling.
3.	The date of its incorporation is Nev 10 197 and the period of its duration is
4.	The address of the principal office of the corporation is 3301-P Weedbook Blvd in the
	city of Charlette and the state of New Merch Coresing
5.	The address of the proposed registered office the state of South Carolina is
	in the city of in
	Street Address South Carolina
	Zip Code
6.	The name of the proposed registered agent in South Carolina at such address is
	_Afferdable Moving Solutions
	Print Name
	heraby consent to the appointment as registered agent of the corporation.
	Signature of the Registered Agent

# PDCompanies Tro

a.) Name of Directors	Business Address
Kelcourt Diaz	3301-P Woodpark Blad Cla
b.) Name and Office of Principal Office	
The of third part of the part	
VOORET DIGZ PROLIC	23004
Supplied the State of	Alexander Company
aggregate number of shares which the co	
aggregate number of shares which the co series, if any, within a class: (If no shares	orporation has authority to issue, Itemized by classes are issued please enter "none")
aggregate number of shares which the co series, if any, within a class: (If no shares	proporation has authority to issue, Itemized by classes
aggregate number of shares which the co series, if any, within a class: (If no shares	orporation has authority to issue, Itemized by classes are issued please enter "none")
aggregate number of shares which the co series, if any, within a class: (If no shares	orporation has authority to issue, Itemized by classes are issued please enter "none")
aggregate number of shares which the co series, if any, within a class: (If no shares Class of Shares (and Series, if any)	orporation has authority to issue, Itemized by classes are issued please enter "none")  Authorized Number of Each Class (and Series
aggregate number of shares which the co series, if any, within a class: (If no shares Class of Shares (and Series, if any)	proporation has authority to issue, Itemized by classes are Issued please enter "none")  Authorized Number of Each Class (and Series are Series)  Authorized Number of Each Class (and Series)
aggregate number of shares which the co series, if any, within a class: (If no shares Class of Shares (and Series, if any)	prporation has authority to issue, Itemized by classes are issued please enter "none")  Authorized Number of Each Class (and Series tion shall be effective when accepted for filing by the
aggregate number of shares which the co series, if any, within a class: (If no shares Class of Shares (and Series, if any)	proporation has authority to issue, Itemized by classes are Issued please enter "none")  Authorized Number of Each Class (and Series are Series)  Authorized Number of Each Class (and Series)
aggregate number of shares which the co series, if any, within a class: (If no shares Class of Shares (and Series, if any)	prporation has authority to issue, Itemized by classes are issued please enter "none")  Authorized Number of Each Class (and Series tion shall be effective when accepted for filing by the



# NORTH CAROLINA Department of the Secretary of State

#### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### RD COMPANIES INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 10th day of November, 1997, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

Certification#93393137-1 Reference#11247521-dj Page: I of I Verify this certificate online at www.secretary.state.nc.us/verification IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 11th day of December, 2012.

Elaine J. Marchall

Secretary of State

### ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

#### US Inspection results for 24 months prior to: 12/02/2013

Total Inspections: 7 Total IEP Inspections: 0

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to Inspections

Help for further information.

#### inspections:

Inspection Type	Vehicle	Driver	Hazmat	!EP
inspections	4	7	0	0
Out of Service	1	2	. 0	Q
Out of Service %	25%	28.6%	%	0%
Natī Average % (2009- 2010)	20.72%	5.51%	4.50%	N/A

## Crashes reported to FMCSA by states for 24 months prior to: 12/02/2013

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

#### <u>Crashes:</u>

Туре	Fatal	lnj ury	Tow	Total			
Crashes	0	0	0	0			

## ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

### Canadian Inspection results for 24 months prior to: 12/02/2013

Total inspections: 0

Note: Total inspections may be less than the sum of vehicle and driver inspections. Go to inspections Help for further

information.

#### Inspections:

Inspection Type	Driver	
inspections	0	0
Out of Service	0	0
Out of Service %	0%	0%

Crashes results for 24 months prior to: 12/02/2013

**Note:** Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

#### Crashes:

Туре	Fatal	injury	Tow	Total			
Crashes	8	0 ·	0	O			
			The same of the sa				

# ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

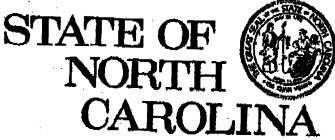
#### Carrier Safety Rating:

The rating below is current as of: 12/02/2013

#### Review Information:

Rating Date:	None	Review Date:	None					
Rating:	None	Туре:	None					

APR-17-98 FRI



2:21

## Department of The Secretary of State

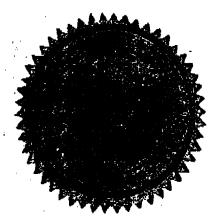
## To all whom these presents shall come, Greetings:

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

> ARTICLES OF INCORPORATION BIRD TRANSPORTATION, INC.

the original of which was filed in this office on the 10th day of November, 1997.

> IN WIINESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of November, 1997.



Claire I. Marshall

Secretary of State

APR-17-98 FRI

97 314 5105

#### ARTICLES OF INCORPORATION ÖF BIRD TRANSPORTATION, INC.

1-0442263 FILED 4:31pm NOV 1 0 1997

EFFECTIVE ELAINE F MARSHALL SECRETARY OF STATE

The undersigned being of the age of eighteen year WORH CHARGE does hereby make and acknowledge these Articles of Incorporation for the purpose of forming a business corporation under and by virtue of the laws of the State of North Carolina;

- The name of the corporation is BIRD TRANSPORTATION, INC.;
- The period of duration of the corporation is perpetual; 2.
- The purposes for which the corporation is organized are; з.
  - (a) to provide quality long & short haul trucking services.
  - (b) To engage in any lawful act or activity for which the corporation may be organized under Chapter 55 of the General Statutes of North Carolina.
- The corporation shall have authority to issue One Hundred Thousand (100,000) shares with a par value of One (\$1.00) Dollar per share.
- The minimum amount of consideration to be received by the corporation for its shares before it shall commence business is One (\$1.00) Dollar in cash or property of equivalent value.
- The address of the initial registered office of the corporation in the State of North Carolina is 9341 Glen Water Drive, Charlotte, Mecklenburg County, North Carolina, 28262 and the name of its Registered Agent at such address is R. ROBERT DIAL.
- The number of directors constituting the initial board of directors shall be one; and the name and address of the person who is to serve as director until the first meeting of shareholders, or until their successors be elected and qualify, are:
  - 9341 GLEN WATER DRIVE, CHARLOTTE, NC 28262 E. ROBERT DIAZ.
- The name and address of the incorporator is Edward H. Cannon, Cannon Asset Planning Services, Inc., Accountant, 9005 Tree Eaven Drive, Charlotte, North Carolina 28270-1052.

IN WITNESS WHEREOF, I have hereunto set my hand this of November, 1997.

EDWARD H.

INCORPORATOR

APR-17-98 FRI 2:23

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

that Edward H. Cannon, personally appeared before me this \_\_\_\_\_ day of November, 1997 and acknowledged the execution of the foregoing Articles of Incorporation.

My Commission Expires;

5/11/2002



# NORTH CAROLINA Department of The Secretary of State

To all whom these presents shall come, Greetings:

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

#### ARTICLES OF AMENDMENT

OF

# BIRD TRANSPORTATION, INC. WHICH CHANGED ITS NAME TO RD COMPANIES INC

the original of which was filed in this office on the 24th day of May, 2007.



Document Id: C20071380022

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of May, 2007

Laine J. Marshall.
Secretary of State

C290713800223

SOSID: 0442263
Date Filed: 5/24/2007 1:52:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C200713800223

# State of North Carolina Department of the Secretary of State

## ARTICLES OF AMENDMENT BUSINESS CORPORATION

The name of the corporation is: BIRD TRANSPORTAION INC
The text of each amendment adopted is as follows (State below or attach):
1)NAME CHANGED TO RD COMPANIES INC
2) ADDRESS CHANGE 18801 NAUTICAL DRIVE #201 CORNELIUS NC 28031 MECKLNEBURG
3) CHANGED FROM TRANSPORTATION CO TO MOVING COMPANY AND SALES COMPANY
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment, if not contained in the amendment itself, are as follows:
The date of adoption of each amendment was as follows: APRIL 1ST 2007
(Check either a, b, c, or d, whichever is applicable)
aThe amendment(s) was (were) duly adopted by the incorporators prior to the issuance of shares.  bThe amendment(s) was (were) duly adopted by the board of directors prior to the issuance of shares.  cThe amendment(s) was (were) duly adopted by the board of directors without shareholder action as shareholder action was not required because (set forth a brief explanation of why shareholder action was not required.)

#### C200713800223

#### ARTICLES OF AMENDMENT Page 2

Q,	t nese articles will be effective upon filing, unless a delayed time and date is specified:						
Thi	s the 14Th day of MAY	20 07	•				

BRID TRANSPORTATION INC

Name of Corporation

ROBERT DIAZ PRESIDENT

Type or Print Name and Title

Signature

NOTES:

1. Pilling fee is \$50. This document must be filed with the Secretary of State.

CORPORATIONS DIVISION (Revised January 2002)

P. O. BOX 29622

RALEIGH, NC 27626-0622 (Form B-02)



# NORTH CAROLINA Department of the Secretary of State

#### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### RD COMPANIES INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 10th day of November, 1997, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

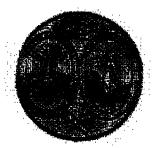
6 laine A. Marshall

Secretary of State

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of January, 2014.

Certification# 94828935-1 Reference# 11770134- Page: I of I Verify this certificate online at www.secretary.state.nc.us/verification

# The State of South Carolina



Office of Secretary of State Mark Hammond

### Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

RD COMPANIES, INC., a corporation duly organized under the laws of the State of South Carolina on January 8th, 2014, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 8th day of January, 2014

Mark Hammon D.

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT
COPY AS TAKEN FROM AND COMPARED
WITH THE ORIGINAL ON FILE IN THIS OFFICE
Jan 08 2014

SECRETARY OF STATE OF SOUTH CAROLINA

140108-0124 Filed: 1/8/2014
RD COMPANIES, INC.
Filing Fee: \$135.00 ORIG
Mark Hammond South Carolina Secretary of State

#### STATE OF SOUTH CAROLINA SECRETARY OF STATE

#### **ARTICLES OF INCORPORATION**

1.	The name	of the propose	d corporation is RI	COMPANI	ES, INC.		
2.	The initial registered office of the corporation is			is	108 MAPLEWOOD CT		
					Street A	idress	
	GOOSE C	CREEK	CHARLEST	ON	SC	294457096	
	City		County		State	Zip	
	and the in	itial registered a	igent at such addres		RT DIAZ		
				Print Ne	πο		
		I hereby	consent to the appoin	ntment as re	gistered agent of the	corporation:	
		Electron	ically filed o	n SCBos.	Signature not	required.	
				Agent's Signat	ure		
3.	applicable	The corp	oration is authorized is	to issue a s	ollows. Complete "a" ingle class of shares, re that one class of si	the total number	
	The relativ are as folio	re right, preferei ows:	nce, and limitations o	f the shares	of each class, and of	each series within a class,	
4.	The exister delayed damended).	ite is indicated (	oration shall begin as See Section 33-1-23	of the filing 10(b) of the 1	date with the Secreta 976 South Carolina C	ry of State unless a code of Laws, as	

			RD COMPANIES, INC.
			Name of Corporation
5.	tollows	otional provisions, which the corporation elects s (See the applicable provisions of Sections 33- na Code of Laws, as amended).	to include in the articles of incorporation, are as 2-102, 35-2-105, and 35-2-221 of the 1976 South
	AFFO!	RDABLE MOVING SOLUTIONS	
6.	The na	ame, address, and signature of each incorporat	or is as follows (only one is required):
	a.	ROBERT DIAZ	
		Name	
		3301 WOODFARK BLVD STE P ROBER NC 282064206	T DIAZ CHARLOTTE
		Address	
		US	
		Signature	4.44
	compli		attorney licensed to practice in the state of South soft in corporation this certificate is attached, has of the 1976 South Carolina Code of Laws, as
Date 2	2014-0	1-08	Electronically filed on SCBOS. Refer to attached signature page.
			Signature
			ROBERT COBLE
			Type or Print Name
			1230 MAIN ST STE 700 ROBERT COBLE
			Address
			COLUMBIA SC US 292016220
		·	803 2538211
			Telephone Number

Mr. Robert Diaz December 6, 2013 Page 4

Please review the foregoing and, if it meets with your approval, sign a copy of this letter and return it to me in the enclosed envelope. If at any time you, on behalf of Affordable Moving Solutions, have questions, concerns, criticisms, or suggestions, please feel free to contact me. We look forward to working with Affordable Moving Solutions.

NEXSEN PRUET, LLC

By:

Member

The undersigned consents to your firm's legal representation on the terms and conditions set forth in this letter.

Affordable Moving Solutions

Very truly yours,

Robert D. Coble

RDC/cb

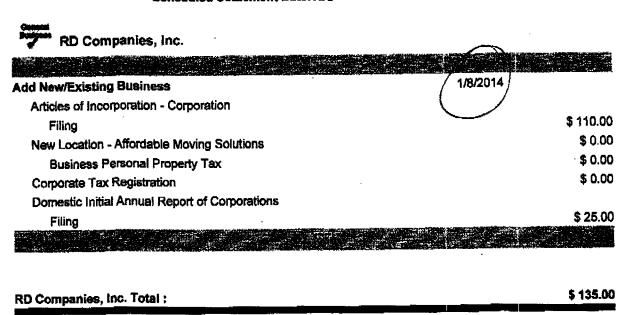
#### Official Receipt

A payment has been submitted and a receipt generated based on the submission.

Transaction Reference Number:1178996125

Transaction Date:1/8/2014 10:11:06 AM

**Scheduled Settlement Date:TBD** 



Account number used to pay the full amount listed above ########9288.

### Additional Application Information



RD Companies, Inc.

Add New/Existing Business (Shopping Cart ID: 791989)

#### **Articles of Incorporation - Corporation**

The Secretary of State will review your application. Upon acceptance the Secretary of State will send to your email address an official copy of the articles and a Certificate of Incorporation. This is a one-time event; there is no renewal. You may want to check the trash or junk email folders; sometimes the emails are moved to these folders. The 'from address' will be secstatechos@sos.sc.gov. The payment will not be processed until acceptance.

#### **Business Personal Property Tax**

Business Personal Property Tax is a business tax on the furniture, fixtures, and equipment owned by the business. Examples include computers, copiers, chairs, refrigeration equipment, and shelving. You will receive a Property Tax Return (PT-100) one month after your accounting period closes. In most cases, the county in which the business is located will bill you for this tax.

**New Location - Affordable Moving Solutions** 

SCBOS and the Dept. of Revenue have recognized that you have added a location to your business. If you applied for a Retail Sales Tax License, you can find the license number by returning to the workspace; it is under the Reference # column heading corresponding to the sales tax line item.

#### Corporate Tax Registration

A SC file number will be assigned to the account and will appear in SCBOS on the User Summary page under the column heading of Reference Number. Corporate returns are due on or before the 15th day of the third month following the close of the taxable year. Please access the Dept. of Revenue Web site at http://www.sctax.org/ and go to page four of form SC1020 Inst. and refer to the "Corporate Facts to Remember" section for more Information.

#### **Domestic Initial Annual Report of Corporations**

This is sometimes referred to as the CL-1. Your application has been forwarded to the Dept. of Revenue

#### Add New/Existing Business

If Add New Business filing: The application has been forwarded to the Secretary of State (SOS) for their review. Upon acceptance: (1) you will receive an email indicating such and a copy of the Articles and Certificate and (2) the payment will be processed. No other corresponding Licenses/Permits/Registrations will be processed before Secretary of State Acceptance. If Add Existing Business Filing: The application has been forwarded to the AEB Administrator for their review. You will receive an email indicating acceptance or rejection. Once accepted, you may apply for a number of Licenses/Permits/Registrations. If you are Reserving or Registering Name, refer to Reserve or Register Name filing description.

#### Submitter Information

Name:

Robert Diaz

User Name:

amscit

Phone Number:

704-651-4007

Email Address:

robert@amscharlotte.com

#### Session Recap

#### Add New/Existing Business (Shopping Cart ID: 790122)

Type of Business: Corporation

Now enter Partnership, LLC or Corporate charter name:: RD Companies, INC

FEIN:

Type of business conducted: 484210

Registered agent of the corporation:

DBA Affordable Moving Solutions

Registered Office Address: 108 MAPLEWOOD CT

**GOOSE CREEK SC 29445-7096** 

CHARLESTON

US

is the corporation authorized to issue single class or multiple

classes of stock?:

Single

Total number of shares authorized is:

7

The relative right, preference, and limitations of the shares and of each series within the class are as follows: Matters involving voting rights, number of votes per share, convertibility of shares, etc. may be included here.:

The name and address of each incorporator:

Robert Diaz

Robert Diaz 3301 WOODPARK BLVD STE P CHARLOTTE NC 28206-4206 US

Name: Robert Diaz

Address: Robert Disz

3301 WOODPARK BLVD STE P CHARLOTTE NC 28206-4206

US

Attorney Name: Robert Coble

Phone Number: (803)253-8211

Attorney Address:

Robert Cobie

1230 MAIN ST STE 700 COLUMBIA SC 29201-6220 RICHLAND

US

Does this business have employees in South Carolina?:

No

Enter different individual officers of the business, if an individual has the duties of more than one officer, enter the individual only once::

Robert Diaz

Owner

Robert Diaz 3301 WOODPARK BLVD STE P CHARLOTTE NC 28206-4206 US

SSN:

Title:

Owner

Name:

Robert Diaz

Address:

Robert Diaz

3301 WOODPARK BLVD STE P CHARLOTTE NC 28206-4206

US

Did you acquire another business, merge with another business, form a corporation or partnership or make any other change in ownership of your business?:

No

Location(s) for this business:

General Business

Affordable Moving Solutions

3301 WOODPARK BLVD STE P CHARLOTTE NC 28206-4206 US

**Location Type:** 

General Business

Location DBA or Trade Name:

Affordable Moving Solutions

Phone Number:

(704)921-8728

Physical Address (Valid street address) of business location:

3301 WOODPARK BLVD STE P

**CHARLOTTE NC 28206-4208** 

Mailing Address of business location:

Robert Diaz

3301 WOODPARK BLVD STE P **CHARLOTTE NC 28206-4206** 

US.

Address of business location where the records for this

company are stored:

Robert Diaz

3301 WOODPARK BLVD STE P **CHARLOTTE NC 28206-4206** 

US

Location Business Phone Number:

(704)921-8728

Type of business conducted at this location:

484210

Will this location have any retail sales, transient rentals or any out of state purchases subject to South Carolina Use Tax?:

No

Are you interested in participating in the OSHA Volunteer Program sponsored by the South Carolina Department of

Labor, Licensing & Regulation (LLR)?:

No

Physical Location of Business:

3301 WOODPARK BLVD STE P

**CHARLOTTE NC 28206-4208** 

US

Mailing Address (For all correspondence):

Robert Diaz

3301 WOODPARK BLVD STE P **CHARLOTTE NC 28206-4206** 

US

Address where corporate records are stored:

Robert Diaz

3301 WOODPARK BLVD STE P **CHARLOTTE NC 28206-4206** 

US

**Business Phone Number:** 

(704)921-8728

Month Tax Year Ends:

December

Please select one of the following that applies:

None of the above apply to the

business.

81/88/2014 87:85AM .7649737985 ·

AFFORDABLE MOVING

PAGE 92/92

Page 1 of 1

#### Signature Page Attachment to South Carolina Business One Stop (SCBOS) for the State of South Carolina Secretary of State

This page deast be complained, accounted, and submitted as an elliptimizet when along an SCEGO.

Type of Fiting: ARTICLES OF INCORPORATION (Conjunction)

As Of Juneary 02: 2014 12:09 PM

Proposes Corporation Name:

RO Companies, Inc.

Signature of incorporations (only one to required

Robert Olaz

12.11

Robert Diez, 3501 WOODPARK BLVD STEP, CHARLOTTE, NC 252064205

S. delican

Signature of Attorney:

I/ Bobert Copie, on alterney ibensed to practice in the state of South Caroline, certify that the corporation, to whole articles of proporation the certificate is situated, has complete with the requirements of Chapter 2, Title 35 of the 1978 Booth Caroline Code of Laves, as amended, relating to the sificacy of incorporation.

1-3-1

Did:

Robert Coble

Admin :

Robert Cobia, 1230 MAIN ST STE 700, COLLARBIA, SC 202016220

Address

(803) 253-8211

Telephone Number

Upload this completed signature page through SCBOS using one of the following file formers only: Adobe PDF, GIF, or JFEQ. Do not mell, email or for his document to the Secretary of State's office.

31341027

1350



#### STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

# INITIAL ANNUAL

		KEPURI OF L	UKPUKA	IIUNS		0104
Office Use Only			<del> </del>			
File Number		ENDING PERIO	D		SID Number	***************************************
			Month	Year		
Date "Application for Charl	er" filed with Sec	retary of State		Fo	or Secretary of State	: Use Only
Date of "Request for author	to do busines	s in this state" /Fr	reion Com			
FEIN_	)		Business			
	-				(Office L	Jae Only)
☐ Check if subchapter S	election				(=	oo only)
NAME OF CORPORATION		TBA			T-1	
ZOW	BOW BOS INC		lek Nevi	ms_dista	Telephone #	4928-668
			MAH ING AT	INCERNIN	D TAY CORDER	T TED-UCH
PHYSICAL ADDRESS OF HE		DWIDER AND STREET	MAILINGA	CONCESS FO	K IAA CORRESI	CNUENCE
CITY AND STATE		COUNTY /	+			
Charlette	NC 2870C	War K.	CITY AND S	MIAIE		ZiP
State of incorporation:	No com		te mosth co	moretion o	loses Its books	1000
3. Nature of principal busin	ess in SC: Man	a bala (Lac	14-	POLEGOILE	CORO IN MUCKS	Decem
Location of registered of	tice of the cornors	tion in the etate of	SC is in the a	ity of K1/		
Registered agent at sucl			oo ia iii uie C	••y ∨ı ————		<del></del>
5. Location of principal off	ice in SC (street ^	ity, zip and county	· · · · · · · · · · · ·	almini 'si -	<u>,                                    </u>	
B. Date business commend	ed in SC	15" April		ive Date of	C Incorporation:	36.45
7. If a professional corpora						directors)
officers (other than the						
corporation?		enemon drawied	A higorice n	ic hinidaar	NIGHT GOLANGO OII	Aadaa III na
3. The names and busines	s addresses of the	a directore (or India	iduale function	mina aa diw	vitore) and none	inal officers in
corporation are:	o addresses of the	e directors (or mon	viousis inneuc	ining as olie	ctors) and princ	ibai ouiceis iu
· —						
Name/Title	inz preside	Busi	ness Address	and Office	mak bl	.1
_ course c	ME ANDER	061	700	- VI	FN	0
			C-100x	TIOL I	A. ZAZEJO	<u>*                                      </u>
<ol><li>The total number of au</li></ol>	ithorized shares	of capital stock its	emized by da	ass and seri	es, if any, withir	each class
as follows:		-	•			
Number of Shares	160%	Class			Ser	i <b>e</b> s
	. • -					
<ol><li>The total number of is:</li></ol>		ding shares of cap	pital stock iter	mized by cla	ass and series, i	if any, within
each class is as follow	/s:					
Number of Shares	•	Class			Ser	ies
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2. Interest due			* * * * * * * * * * * * *		2.	
3. Penalty due				. <i>.</i>	3.	
I. Total - Due						
tee instructions for paymen	it and mailing.					
		AFFIDA	Tiv			
the undersigned incorporato	r or principal office	r of the corporation	for which this	return is m	ade, declare that	this return. Inci
ccompanying statements and						
omplete return made in good				· <del></del> -	<u> </u>	
		•				
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THIS RETUR	N PREPARED BY		SIGNATURE C	F INCORPORA	TOR OR OFFICER AL	лноrized to sig
	•	•				
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Entity Type:	Carrier		,	
Operating <u>Status:</u>			Out of Service Date:	None
Legal Name:	RDÇOMPANIE	S INC		<u> </u>
<u>DBA Name:</u>	AFFORDABLE	MOVING SQL	UTIONS	
<u>Physical</u> <u>Address:</u>	12325 JIMMY CHARLOTTE, I	OEHLER RD IC 28269		
Phone:	(704) 925-6683	3		
<u>Mailing</u> Address:	12326 JIMMY CHARLOTTE, N			
USDOT Number:	871791		State Carrier ID Number:	
MC/MX/FF Number(e):	MC-384099		DUNS Number:	_
Power Units:	5		<u>Dtivers:</u>	5
MCS-150 Form Date:	08/05/2013	. ·	MCS-150 Mileage (Year):	100,000 (2012)
Operation Classif	ication;			
X Auth. F	or Hire t For Hire	Priv. Pas business	1	ate Govt
	(Property)	Migrant Indian Nation		
Priv. Pa		11 O 15-9		iknown Known
(Busine	,	Fed. Gov		
Carrier Operation	i			
× Inte	erstate	Intrastat (HM)		state Only -HM)
Cargo Carried:				
X General Frei     X Household G     Metal: sheet     rolls      X Motor Vehicl     Drive/Tow av     Logs, Poles,     Lumber  Pulities Metal	es Beams,	Liquids/Gas Intermodal of Passengers Oilfield Equipment Livestock Grain, Feed Coal/Coke	Cont. C R B P U I, Hay A	hemicals ommodities Dry Bulk efrigerated Food everages aper Products tilities gricultural/Farm upplies
Building Mat Mobile Home Machinery, L Objects Fresh Produc	arge	Meat Garbage/Re US Mail		onstruction /ater Well